

Fill in this information to identify your case:

| | |
|---|--------------------|
| Debtor 1 | David Earl French |
| Debtor 2 (Spouse, if filing) | Donna Marie French |
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA | |
| Case number (If known) | 1:22-bk-00849 |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Yes. Fill out this information for each dependent.....
Debtor 2.
Do not state the dependents names.

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|--|-----------------|-------------------------------|
| | | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)



4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,220.83

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

| | |
|--------|--------|
| 4a. \$ | 0.00 |
| 4b. \$ | 0.00 |
| 4c. \$ | 150.00 |
| 4d. \$ | 0.00 |
| 5. \$ | 0.00 |

Debtor 1 **David Earl French**
Debtor 2 **Donna Marie French**

Case number (if known)

1:22-bk-00849

6. Utilities:

- 6a. Electricity, heat, natural gas
6b. Water, sewer, garbage collection
6c. Telephone, cell phone, Internet, satellite, and cable services
6d. Other. Specify: Cell phones

Cable and internet

Trash

| | | |
|-----|----|--------|
| 6a. | \$ | 320.00 |
| 6b. | \$ | 0.00 |
| 6c. | \$ | 0.00 |
| 6d. | \$ | 195.00 |
| | \$ | 300.00 |
| | \$ | 30.00 |
| 7. | \$ | 850.00 |
| 8. | \$ | 0.00 |
| 9. | \$ | 220.00 |
| 10. | \$ | 110.00 |
| 11. | \$ | 110.00 |
| 12. | \$ | 675.00 |
| 13. | \$ | 200.00 |
| 14. | \$ | 0.00 |

7. Food and housekeeping supplies

8. Childcare and children's education costs

9. Clothing, laundry, and dry cleaning

10. Personal care products and services

11. Medical and dental expenses

- 12. Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

14. Charitable contributions and religious donations

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15b. Health insurance

15c. Vehicle insurance

15d. Other insurance. Specify: Vehicle and homeowners insurance

Medicare withheld from Social Security

| | | |
|------|----|--------|
| 15a. | \$ | 0.00 |
| 15b. | \$ | 0.00 |
| 15c. | \$ | 0.00 |
| 15d. | \$ | 167.00 |
| | \$ | 170.10 |

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

| | | |
|-----|----|------|
| 16. | \$ | 0.00 |
|-----|----|------|

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17b. Car payments for Vehicle 2

17c. Other. Specify: 1/60 of automobile loan

17d. Other. Specify: _____

| | | |
|------|----|--------|
| 17a. | \$ | 0.00 |
| 17b. | \$ | 0.00 |
| 17c. | \$ | 172.75 |
| 17d. | \$ | 0.00 |

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

19. Other payments you make to support others who do not live with you.

Specify: _____

| | | |
|-----|----|------|
| 19. | \$ | 0.00 |
|-----|----|------|

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20b. Real estate taxes

20c. Property, homeowner's, or renter's insurance

20d. Maintenance, repair, and upkeep expenses

20e. Homeowner's association or condominium dues

| | | |
|------|----|------|
| 20a. | \$ | 0.00 |
| 20b. | \$ | 0.00 |
| 20c. | \$ | 0.00 |
| 20d. | \$ | 0.00 |
| 20e. | \$ | 0.00 |

21. Other: Specify: Pet care

Safety glasses for work

| | | |
|-----|-----|--------|
| 21. | +\$ | 100.00 |
| | +\$ | 20.00 |

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

| | |
|----|----------|
| \$ | 5,010.68 |
| \$ | 5,010.68 |

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

| | | |
|------|-----|----------|
| 23a. | \$ | 5,611.25 |
| 23b. | -\$ | 5,010.68 |

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

| | | |
|------|----|--------|
| 23c. | \$ | 600.57 |
|------|----|--------|

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: _____

VERIFICATION

We, David Earl French and Donna Marie French, verify that the statements made in the foregoing document(s) are true and correct. We understand that false statements herein are made subject to the penalties of 18 Pa. C. S. §4904, relating to unsworn falsification to authorities.

David E. French
David Earl French, Debtor

Donna M. French
Donna Marie French, Co-Debtor

Dated: 5/19/23